

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

Review of Existing Evaluation Data

Students Name	Initials	Birthdate	Today's Date	
Parent(s) Name	IEP Manager and Phone Number		District/School	
The purpose of the review of existing evaluation data is to identify what, if any, additional data are needed to determine: • Whether the student has or continues to have a disability; • The present levels of performance and educational needs of the student; • Whether the child needs or continues to need special education and related services; and • Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the Individualized Education Program of the child and to participate, as appropriate, in the general curriculum. The following existing evaluation data were reviewed: Current Classroom-Based Assessments and Observations Teacher and Related Services Providers' Observations Evaluations and Information provided by the parents of the student				
Based on the review of the existing evaluation data, the IEP Team and other qualified professionals have determined that: Additional data are needed to determine whether the student continues to be a student with a disability. Additional data are needed for the following reason(s): Additional data are not needed to determine whether the student continues to be a student with a disability. Reason for determination: As the parent, you have the right to request an assessment to determine whether your child continues to be a student with a disability. The school district shall not be required to conduct such an assessment unless requested				
by the child's parents. The parent and the school district ago comprehensive reevaluation is due prior to this date. The IEP Team may conduct the Review of Expression of the prior to the service of Expression of the service of the se	T	he parent or school dis		on
The following persons, as indicated by th	eir signatures, hav	e participated in the Rev	riew of Existing Evaluation Data	1.
Parent	Date	Parent		Date
Student	Date	Special Education T	eacher eacher	Date
Administrator or Designee	Date	Speech/Language P	athologist	Date
General Education Teacher	Date	School Psychologist		Date